

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90006 043 \*\*\*\*50.00

**DOCUMENT # L03000033358**

1. Entity Name  
**FALG FT. CLARKE, L.C.**



Principal Place of Business  
**711 S.W. 88TH TERRACE  
GAINESVILLE, FL 32607**

Mailing Address  
**711 S.W. 88TH TERRACE  
GAINESVILLE, FL 32607**

2. Principal Place of Business  
**4423 NW 6TH PLACE  
Suite, Apt. #, etc.  
A**

3. Mailing Address  
**4423 NW 6TH PLACE  
Suite, Apt. #, etc.  
A**

City & State  
**GAINESVILLE, FL**

City & State  
**GAINESVILLE, FL**

Zip  
**32607**

Country

Zip  
**32607**

Country

01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-0276840**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**FINLAYSON, GORDON C M.D.**  
~~711 S.W. 88TH TERRACE~~ **4423 NW 6TH PLACE, SUITE A**  
**GAINESVILLE, FL 32607**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FINLAYSON, GORDON C M.D.  
711 S.W. 88TH TERRACE  
GAINESVILLE, FL 32607** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ALFINO, PAUL A M.D.  
4228 S.W. 78TH STREET  
GAINESVILLE, FL 32608** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
LOPEZ-NIETO, CARLOS E M.D.  
4423 N.W. 6TH PLACE, SUITE A  
GAINESVILLE, FL 32607** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GEORGE, SATHISH K  
7013 NW 50TH TERRACE  
GAINESVILLE, FL 32653** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**4423 NW 6TH PLACE, SUITE A  
GAINESVILLE, FL 32607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**4423 NW 6TH PLACE, SUITE A  
GAINESVILLE, FL 32607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**4423 NW 6TH PLACE, SUITE A  
GAINESVILLE, FL 32607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*X Gordon Finlayson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

**4/10/06**

Daytime Phone #

**352-372-5600**